



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF MINES
PO DRAWER 900 • BIG STONE GAP, VIRGINIA 24219

ROOF FALL INVESTIGATION

Company Name:			Mine Name or Number:		Report Date:	Mine Index Number:
Address:			Location:			MSHA ID Number:
City:	State:	ZIP:	County:	Office Phone Number:		Mine Phone Number:
Person with Overall Responsibility:				Person in Charge of Health and Safety:		
Investigated:						

ROOF FALL NUMBER _____ DATE OF FALL _____ TIME OF FALL _____
NOTIFIED BY _____ DATE _____ TIME _____
FOREMAN IN CHARGE _____ CERTIFICATION NUMBER _____
ROOF FALL LOCATION / AIRCOURSE: _____
LENGTH OF FALL _____ WIDTH OF FALL _____ HEIGHT OF FALL _____
DID FALL AFFECT VENTILATION OR PASSAGE OF MEN? _____ EXPLAIN: _____
DID FALL CAUSE PERSONAL INJURY? _____
EQUIPMENT INVOLVED? _____
DID FALL OCCUR ON A WORKING SECTION? _____
WHEN DID THE FALL OCCUR? _____
DISTANCE TO FALL FROM FACE _____ MAIN ROOF STRATA _____
IMMEDIATE ROOF STRATA _____ IMMEDIATE ROOF THICKNESS _____
TYPE OF ROOF SUPPORT IN FALL AREA _____
STATUS OF CLEANUP _____
DID FALL ORIGINATE IN INTERSECTION? _____
WAS FALL ABOVE THE ANCHORAGE ZONE? _____
WERE THERE INDICATIONS THE FALL WAS IMMINENT? _____
APPROXIMATE DEVELOPMENT DATE _____
TYPE OF MINING EQUIPMENT _____ HAULAGE EQUIPMENT _____
TYPE OF ROOF SUPPORT MACHINERY / ATRS _____
CAUSE OF ROOF FALL: _____
RECOMMENDATIONS: _____
REVISIONS TO ROOF CONTROL PLAN: _____
ACTION TAKEN: _____

_____, INSPECTOR / SPECIALIST